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	Attorney Docket Num	nber			
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor		KATZ,	ROBERT	Α.
PATENT APPLICATION	COMPLETE IF KNOWN				
(37 CFR 1.63)	Application Number				
☑ Declaration ☐ Declaration	Filing Date		···		
Submitted OR Submitted after Initial	Group Art Unit				
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name				

As a below named inventor, I hereby declare that:							
As a below fiamed filventor, t fier	eby declare mat				i		
My residence, post office address, a	and citizenship are	as stated below next to m	ly name.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
PROCESS FOR ENHANCING THE EXISTING AMBIENCE, IMAGING, DEPTH, CLARITY & SPACIOUSNESS OF SOUND RECORDINGS							
the specification of which	(Title	e of the Invention)					
is attached hereto							
was filed on (MM/DD/YYYY)		as Unit	ed States Applicat	ion Number or P	CT International		
Application Number	and w	as amended on (MM/DD/	yyyy [(if applicable).		
I hereby state that I have reviewed a	nd understand the	contents of the above ide	,	n, including the c	laims, as		
amended by any amendment specific	cally referred to abo	ove.					
I acknowledge the duty to disclose in	formation which is	material to patentability as	s defined in 37 CF	R 1.56.			
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application	Foreign Filing Date		Priority	Certified Copy Attached?			
Number(s)	Country	(MM/DD/YYYY)	Not Claimed	YES	NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.							
Application Number(s)	Filing Date	e (MM/DD/YYYY)					
60/210,976 06/12/2		2000	Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insolar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filling date of this application.												
U.S. Parent Application or PCT Parent Number					ng Date			Parent Patent Number (if applicable)				
		Number				/IM/DD/	****	-		(ΙΙ αμμιιται	ואו	
				[
		PCT international applicat										
As a named inve	entor, I h	ereby appoint the following innected therewith:	ng registered pr	actitioner(s)) to pr	osecute th	nis applicatio	on and to	transa	ct all business Place Custo		
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Additional r	registered	f practitioner(s) named o	n supplemental	Registered	Pract	itioner Info	ormation she	et PTO	/SB/02C	attached here	∍to.	
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Name	Ro.	bert A. Katz										
Address	14	56 Northridge	Drive									
Address												
City	Lo	ongwood			State FL ZIP		3	32750				
Country	U.	S.A.	Telephon	e (407	7) 33	31-679)4	Fax	(407) 834–133	39	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.												
Name of Sole or First Inventor:												
Given Name (first and middle [if any])				Family Name or Surname								
Robert A.				Katz								
Inventor's Signature	ntor's A 1 + 0 1/4				Date 6/8/01							
- 1		State	FL	С	ountry	U.S.A			Citizenship	U.S.		
Post Office Address 1456 Northridge Drive												
Post Office Address												
City			ZIP	Р 32750 Соц			ntry U.S.A.					
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto												